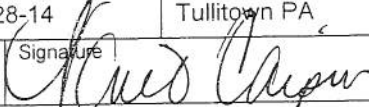


CK 1307

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2014 AUG 18 AM 7:36

Date of Notification (1) 8-7-14		Name of Building Owner/Operator (2) The Okonite Company						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 955 Market st		City, State, Zip Code Paterson NJ 07502						
Name of Contact Richard Maslanka		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) The Okonite Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 955 Market ST		Square Feet 36000	# of Floors 1					
City (5) Paterson NJ 07513		Bldg. Age 52						
County (6) Passaic County		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) SKY Environmental Service		ASCM No.						
Street Address 140 Boulevard ave		Name of Abatement Contractor (9) DYV Enterprises LLC						
City, State, Zip Code Mountain Lakes		Street Address 254 Cumberland ave						
Project Manager for Monitoring Firm Leonid Shereshvsky		City, State, Zip Code Paterson NJ 07502	Telephone No. 973-7696946					
Start Date (10) 8-27-14		Scheduled Completion Date (11) 9-27-14	Telephone No. 973-9426924					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: out site storage oil tank		License No. 01129						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
out site storage tank		x		thermal system insulation	1500sf	x		
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 30yards	Name of Registered Landfill Waste Management				
City, State Paterson NJ 07502		Disposal Date 9-28-14		City, State Tullitown PA				
Completed by Yanet Carpio		Title OWNER		Signature 			Date 8-7-14	

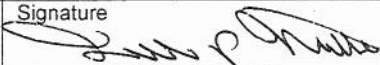
CK 2804

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/14/14		Name of Building Owner/Operator (2) JERSEY REALTY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 286 CENTRAL AVE	
		City, State, Zip Code JERSEY CITY NJ	
		Name of Contact JOHN GERBASIO	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 286 CENTRAL AVE		Square Feet 6000	# of Floors 3
City (5) JERSEY CITY		Bldg. Age	
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RETAIL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 08/24/14	Scheduled Completion Date (11) 08/24/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BASEMENT	X		TSI
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1
City, State NEWARK, NJ		Name of Registered Landfill IESI	
		Disposal Date 08/24/14	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date

CK 13538

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 15, 2014		Name of Building Owner/Operator (2) Oakhurst Country Day Estates							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address CN 4000 Forsgate Drive							
		City, State, Zip Code Cranbury, NJ 08512							
		Name of Contact JAMIE LOPEZ							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OAKHURST COUNTRY DAY CAMP		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 128 MONMOUTH ROAD		Square Feet 5000	# of Floors 2						
City (5) OAKHURST		Bldg. Age 100							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COUNTRY DAY CAMP							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) FINISHING TOUCH ASBESTOS ABATEMENT						
Street Address		Street Address 580 BROADWAY, UNIT A							
City, State, Zip Code		City, State, Zip Code LONG BRANCH, NJ 07740							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 732-222-8372						
			License No. 00040						
Start Date (10) AUG 25, 2014	Scheduled Completion Date (11) AUG. 31, 2015	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST, 2ND FLOORS			X	VAT	5000 SF	X			
Name of Registered Waste Hauler FTAA		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 20 CY	Name of Registered Landfill TULLYTOWN					
City, State LONG BRANCH, NJ 07764		Disposal Date 9/05/14		City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 			Date 8/15/14		

CK 1396

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 7-26-2014		Name of Building Owner/Operator (2) Bella Cleaning and Carting, LLC		2014 AUG 18 AM 7:31					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Prospect Street City, State, Zip Code Newark, NJ 07450 Name of Contact Ben Raabe Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 527 Mt. Prospect Avenue			Square Feet 41218 # of Floors 3 Bldg. Age 75+						
City (5) Newark, NJ 07104		County (6) Essex							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Green Environmental, LLC					
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855 License No. 01174					
Start Date (10) 7-26-2014		Scheduled Completion Date (11) 7-26-2014		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd floor		x		pipe insulation	40 LF	x			
2nd floor		x		pipe insulation	40 LF	x			
1st floor		x		pipe insulation	40 LF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste 4	Name of Registered Landfill Minerva Enterprise				
City, State Bronx, NY		Disposal Date 7-26-2014		City, State Wynesburg, OH					
Completed by Liliana Pedraza		Title Office manager		Signature		Date 7-26-2014			

OK 33-13

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

1-001 1-001 00 0-000

Date of Notification (1) 8-12-14		Name of Building Owner/Operator (2) Stephen A. Bickel	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1236 Shore Rd	City, State, Zip Code Linwood NJ
		Name of Contact Bernard	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2 Wabash Ave		Square Feet	% of Floors
City (5) Linwood		Bldg. Age	
County (6) Ocean		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ASC No.		Name of Abatement Contractor (9) Am Jee LLC	
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Delanco NJ 08075	
Project Manager for Monitoring Firm		Telephone No. 856 824 6971	License No. 01070
Start Date (10)		Scheduled Completion Date (11)	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Self	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 2 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frable Procedure		Street Address	
		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Outside	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) ACM Siding	Amount (Specify SF or LF) 250 SF
Name of Registered Waste Hauler Am Jee LLC		NJDEP Waste Hauler ID No. 20847	Cubic Yards of Waste 20
City, State Delanco NJ		Name of Registered Landfill WM of Pa	Disposal Date 7/3/0
Completed by J Hall		Signature JH	Date 8-12-14
Title VP			

Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 3313

Date of Notification (1) 8-13-14 Name of Building Owner/Operator (2) City of Linden

Agency Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation

Street Address 301 N. Wood Ave City, State, Zip Code Linden NJ 07036 Telephone Number 201 4 AUG 18 AM 7:30

Name of Contact John Hudak

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) OFFICE / Bldg. Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

Street Address 13 Knopf St Square Feet 1700 # of Floors 2 Bldg. Age 70

City (5) Linden County (6) Union County Code (7) (STATE USE ONLY) 00000 Current Use (Prior to being demolished) OFFICE / Bldg.

Name of Monitoring Firm Hired by Building Owner (8) AWI Joe Abatement Demolition LLC ASCM No. 1212 Burlington Ave

Street Address Delanco NJ 08025 City, State, Zip Code Delanco NJ 08025

Project Manager for Monitoring Firm ESG 824 0971 Telephone No. 01070 License No. 01070

Start Date (10) 8-25-14 Scheduled Completion Date (11) 9-25-14 Name of OSHA Monitor Self

Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Self

Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☐ Renovation ☒ Demolition ☐ Glovebag Procedure ☒ Non-Exempted and Non-Frable Procedure

☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
MAIN OFFICE				ACM Floor tile	1500 SF			
Basement				ACM AIRCels	100 LF			
				Plumbing	500 SF			

Name of Registered Waste Hauler AWI Joe LLC NJDEP Waste Hauler ID No. 20847 Cubic Yards of Waste 20 Name of Registered Landfill WM of Pa

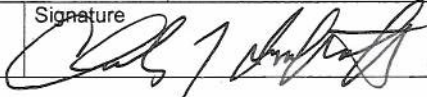
City, State Delanco NJ Disposal Date TBD City, State Tullytown Pa

Completed by J Hill Title VP Signature JH Date 8-13-14

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CHK #2289

Date of Notification (1) 08 / 12 / 14			Name of Building Owner/Operator (2) Township of Greenwich-Property Maintenance Office						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 403 West Broad Street City, State, Zip Code Gibbstown, NJ 08027 Name of Contact Will Durham Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Estate of Joseph M. Covici			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 600 West Broad Street			Square Feet 16,000						
City (5) Gibbstown			# of Floors 3		Bldg. Age 50+				
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Clancy & Associates, Inc.		ASCM No.		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation					
Street Address 601 Asbury Avenue		Street Address 500 East Luzerne Street		City, State, Zip Code Philadelphia, PA 19124					
City, State, Zip Code National Park, NJ 08063		City, State, Zip Code Philadelphia, PA 19124		License No. 00646					
Project Manager for Monitoring Firm Jim Clancy		Telephone No. 856-853-7306		Telephone No. 215-739-8166					
Start Date (10) 08 / 13 / 14		Scheduled Completion Date (11) 08 / 27 / 14		Name of OSHA Monitor SAME AS ABOVE					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / _____ PM-_____ AM			Street Address City, State, Zip Code						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor -rear bay area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms - 6 each apartments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceramic wall tile glue mastic	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second floor Apartment #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT 12" 12" floor tile	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor Commercial area center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT Red floor tile	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689		Cubic Yards of Waste 40 Cy	Name of Registered Landfill Minerva				
City, State Philadelphia, PA 19124		Disposal Date 08/31/14		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 08/12/14			

CHK # 22829

ASB-41
JUL 01

2

CK 2254

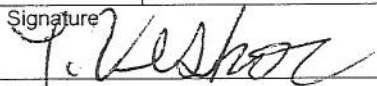
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 08/14/2014		Name of Building Owner/Operator (2) Robert Louvenberg							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 285 Lackawanna Drive		City, State, Zip Code Andover, NJ 07821							
Name of Contact Dan Louvenberg		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) D. Louvenberg Portable Toilet		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 285 Lackawanna Drive		Square Feet 10,000							
City (5) Andover		# of Floors N/A							
County (6) Morris		Rldg Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Yard							
Name of Monitoring Firm Hired by Building Owner (8) Bio-Terra Environmental Solutions LLC.		ASCM No. N/A							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) Valiant Associates, LLC							
City, State, Zip Code Union, NJ 07083		Street Address 145 Mill Street							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Paterson, NJ 07501							
Telephone No. 973-494-3762		Telephone No. 973-553-5374							
Start Date (10) 08/28/2014		License No. 01108							
Scheduled Completion Date (11) 09/20/2014		Name of OSHA Monitor Valiant Associates, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 145 Mill Street							
		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Types				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior			X	Asbestos Contaminated Debris	40 Yd	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 40 Yd		Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 09/20/14		City, State Waynesburg, OH					
Completed By Miodrag Stamenovic		Title Project Manager		Signature <i>M. Stamenovic</i>		Date 08/14/2014			

CK 1717

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 08 / 14 / 14		Name of Building Owner/Operator (2) c/o Top 1 Construction Co.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Haledon Avenue City, State, Zip Code Paterson, NJ 07522 Name of Contact Kenny Muedin Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Father English Community Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 435 Main Street		Square Feet	# of Floors						
City (5) Paterson		Bldg. Age							
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 20-21 Wagaraw Road		Street Address 27 Outwater Lane							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Fred Larson	Telephone No. 973-636-9145	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 08 / 23 / 14	Scheduled Completion Date (11) 09 / 26 / 14	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 80 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Pipe Insulation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Ted Veskov		Title PM	Signature 			Date 8/14/14			

CK 006311

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120) **NOTIFIED**

D&S Proj. #: 2014-328

2014 AUG 10 AM 8:11

Date of Notification (1) 08/11/14		Name of Building Owner/Operator (2) STEVE MATTHEWS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 152 SO. MOUNTAIN AVENUE		City, State, Zip Code MONCLAIR, NJ 07042	
Name of Contact STEVE MATTHEWS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) STEVE MATTHEWS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 152 SO. MOUNTAIN AVENUE			Square Feet # of Floors Bldg. Age		
City (5) MONCLAIR	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 08/28/14		Sched. Completion Date (11) 09/15/14	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT LAUNDRY, BOILER, CLOSET CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	178 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/29/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/11/2014

CK 006312

D&S Proj. #: 2014-327

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

2014 AUG 18 AM 8:13

Date of Notification (1) 10/18/14		Name of Building Owner/Operator (2) michael stokes	
Agencies Notified	Type Notification	Street Address 189 kerriga boulevard	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Newark, NJ 07106	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact michael stokes	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) michael stokes			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 189 kerriga boulevard			Square Feet		
City (5) Newark			County (6) ESSEX		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
			License Number 01169	
Start Date (10) 08/22/14		Sched. Completion Date (11) 09/10/14		
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)			Full Containment w/negative pressure		
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Mini-enclosure		
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Glovebag procedure		
			<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT BOILER, REC. LAUNDRY RMS		<input checked="" type="checkbox"/>		PIPE INSULATION	72 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER RM		<input checked="" type="checkbox"/>		BOILER INSULATION	30 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 2014

CK 006313

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-324

Date of Notification (1) 08/10/14		Name of Building Owner/Operator (2) COUNTY OF BERGEN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 BERGEN COUNTY PLAZA City, State, Zip Code Hackensack, NJ 07601	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact ALAN KOENIG	
		Telephone Number 201-702-1023	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RESIDENTIAL BUILDING			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 218 BOULEVARD			Square Feet		
City (5) ELMWOOD PARK			# of Floors		
County (6) BERGEN			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 08/25/14		Sched. Completion Date (11) 08/29/14		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/>							
Location of asbestos-containing material (acm) to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12) Yes No N/A		Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)	
BASEMENT		X		PIPE INSULATION (FITTINGS)		<10 L FT	

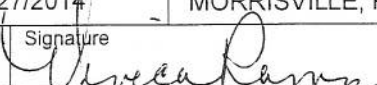
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/26/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 08/08/2014	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

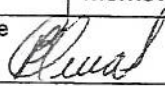
2014 AUG 18

Date of Notification (1) 8/13/14		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 77 TH ST.					
		City, State, Zip Code SEA ISLE CITY, N.J. 08243					
		Name of Contact FRANK EDUARDI	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 7663 OCEAN DR.		Square Feet	# of Floors				
City (5) AVALON		Bldg. Age					
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC.					
Street Address		Street Address 369 S. SPRUCE AVE.					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444				
Start Date (10) 9/2/14	Scheduled Completion Date (11) 9/8/14	Name of OSHA Monitor JOSEPH KLEMM					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 369 S. SPRUCE AVE.					
		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
SIDING			X	TRANSITE	1000 SF	X	
Name of Registered Waste Hauler KLEMMCO INC.		NJOEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C.M.V.A.			
City, State MAPLE SHADE, N.J.		Disposal Date	City, State WOODBINE, N.J.				
Completed By JOSEPH KLEMM	Title V/P	Signature <i>Joseph Klemm</i>	Date 8/13/14				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/12/2014		Name of Building Owner/Operator (2) DIOCESE OF METUCHEN							
Agencies Notified	Type Notification	Street Address P.O. BOX 191							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code METUCHEN, NJ 08840							
		Name of Contact STEVE GURALCHUK	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SAINT MARY ELEMENTARY SCHOOL		Type of Facility (4)							
Street Address 351 MECHANIC STREET		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) PERTH AMBOY		Square Feet	# of Floors						
County (6) MIDDLESEX		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 8/23/2014	Scheduled Completion Date (11) 8/27/2014	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT SCHOOL		X		REMOVAL OF TILE IN	42 SF	X			
				VARIOUS ROOMS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 8/27/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 8/12/2014			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/13/2014 Check#2659		Name of Building Owner/Operator (2) St. Philomena's Church						
Agencies Notified	Type Notification	Street Address 386 South Livingston Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039						
		Name of Contact Rev. Joseph Laracy	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Church Rectory		Type of Facility (4)						
Street Address 386 South Livingston Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Livingston, NJ 07039		Square Feet 2,000 SF	# of Floors 2					
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation					
Street Address		Street Address 426 69th Street						
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700					
Start Date (10) 8/13/2014		Scheduled Completion Date (11) 8/14/2013	License No. 01074					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5:30 PM		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Second Floor-Bathroom-Rectory Off		x	Pipe insulation	6 LF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill GROWS NorthLandfill				
City, State Freehold, NJ		Disposal Date tbd		City, State Morrisville, PA				
Completed by Gina Salvador		Title Office Manager		Signature 		Date 8/13/14		


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 12, 2014		Name of Building Owner/Operator (2) Pennsauken Public Schools	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	1695 Hylton Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Pennsauken, NJ 08110	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Jack Killion	610-399-0100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pennsauken High School			Type of Facility (4)		
Street Address 800 Hylton Road			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Pennsauken			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) Camden		
County Code (7) (STATE USE ONLY)		Square feet 50,000 sf		# of Floors 2	Bldg. Age 60
Current Use (Prior if being demolished) High School					
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		License Number
Scheduled Start Date (10) 8/25/14			Scheduled Completion Date (11) 9/26/14		732-349-9932
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> >3 sf or ≥3 lf			Piscataway, New Jersey 08854		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Mini-Enclosure		
<input type="checkbox"/> Demolition			<input type="checkbox"/> Glovebag Procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		100 windows	100	x			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 60	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/29/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/12/2014

*Do not use this form for asbestos licensure exempted activities.

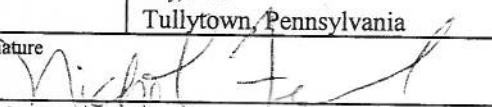
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 13, 2014		Name of Building Owner/Operator (2) Hasselhuln Family Trust	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	707 Eagle Rock Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code West Orange, NJ 07052	
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact John	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warehouse			Type of Facility (4)		
Street Address 299 Hackensack Street			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City East Rutherford			Square feet 6000 sf		
			# of Floors 1		
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 60		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Current Use (Prior if being demolished) Warehouse		
Street Address 1889 Rte. 9, Unit 61			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code Toms River, NJ 08755			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	City, State, Zip Code Toms River, New Jersey 08755-1271		
Scheduled Start Date (10) 8/14/14		Scheduled Completion Date (11) 8/15/14	Telephone Number 732-349-9932		License Number 00624
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor E.M.S.L. Analytical		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)			City, State, Zip Code Piscataway, New Jersey 08854		
<input checked="" type="checkbox"/> >3 sf or ≥3 lf			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Mini-Enclosure		
<input type="checkbox"/> Renovation			<input checked="" type="checkbox"/> Glovebag Procedure		
<input type="checkbox"/> Demolition			<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
1 st floor		X		Asbestos pipe insulation	50 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/18/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/13/2014

*Do not use this form for asbestos licensure exempted activities.


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 13, 2014		Name of Building Owner/Operator (2) Ron Kopi	
Agencies Notified	Type of Notification	Street Address 761 Mary Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Perth Amboy, NJ 08861	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact Ron Kopi	
		Telephone Number 732-349-9932	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 761 Mary Street			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Perth Amboy			Other (i.e., private & commercial buildings, homes, etc.)		
			<input type="checkbox"/>		
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 2	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 8/13/14		Scheduled Completion Date (11) 8/14/14			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	100 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/15/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/13/2014

*Do not use this form for asbestos licensure exempted activities.

OK 1388

08/12/2014 15:43

NO. 848 8002

2014 AUG 18 AM 7:55

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) August 12, 2014		Name of Building Owner/Operator (2) New Jersey Dept. of Transportation							
Agendas Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address P.O. Box 800		City, State, Zip Code Trenton, NJ 08625-0800							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Maintenance Yard		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Dunns Mill Road		Square Feet 8,000							
City (5) Bordentown		# of Floors 1							
County (6) Burlington		Bldg. Age 100							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Maintenance Yard							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc.		ASCM No.							
Street Address 120 N. Warren Street		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Trenton, NJ 08628		Street Address 823 Cutler Avenue							
City, State, Zip Code Trenton, NJ 08628		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 808-382-4200							
Telephone No. 866-755-0099		License No. 00842							
Start Date (10) August 20, 2014		Scheduled Completion Date (11) August 29, 2014							
Name of OSHA Monitor EMSL Laboratories		Street Address 200 Route 130 North							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 or less sq ft <input checked="" type="checkbox"/> 251 or more sq ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify sq ft or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Exterior		XXX		Window Glazing and Caulking	408 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 10		Name of Registered Landfill Western Berks Community Landfill			
City, State Freehold, NJ		Disposal Date 8/29/2014		City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager		Date 8/12/2014					

08/13/2014 10:01

NO. 043 #002

CK1390

2014 AUG 18 AM 7:51

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 17:27 and 17:28)

DOL - 10 DAY

WAIVER APPROVED

Date of Notification (1) August 13, 2014		Name of Building Owner/Operator (2) Bayside Condominiums C/O Community Realty Mgmt. Check # 1390	
Agencies Notified: <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 38 South Main Street		City, State, Zip Code Pleasantville, NJ 08232-2767	
Name of Contact Elva Gallagher		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bayside Condominiums		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 27-31 Annapolis Avenue		Square Feet 6,000	
City (5) Atlantic City		No. of Floors 2	
County (6) Atlantic		Bldg. Age 100	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Condominiums	
Name of Monitoring Firm Hired by Building Owner (8) American Environmental Specialists, LLC		ASCM No.	
Street Address 118 Westbury Court		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Marlton, NJ 08053		Street Address 623 Cutler Avenue	
Project Manager for Monitoring Firm Murray Snyder		City, State, Zip Code Maple Shade, NJ 08052	
Telephone No. 856-885-2885		Telephone No. 866-765-0088	
Start Date (10) August 18, 2014		License No. 00642	
Scheduled Completion Date (11) August 29, 2014		Name of DBHA Monitor EMSL Laboratories	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 200 Route 130 North	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 or 23 ff <input checked="" type="checkbox"/> 2100 or 2250 ff <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
Units 1, 4, 5, 8, 10, 11 and 14		Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Joint Compound		800 SF (Each)	
Abatement Type		Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	
City, State Freehold, NJ		Cubic Yards of Waste 10	
Disposal Date 8/29/2014		Name of Registered Landfill Western Berks Community Landfill	
City, State Birdsboro, PA		Completed by Christina Lynch	
Title Operations Manager		Signature <i>Christina Lynch</i>	
Date 8/13/2014			

W/LETTER

CK1592

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8-14-14		Name of Building Owner/Operator (2) MARIA GONZALEZ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 804 6TH AVE.	
		City, State, Zip Code UNION BEACH NJ	
		Name of Contact ERIC PLACKIS	Telephone Number 732 899-4499

Name of Facility Where Abatement is Taking Place (3) 804 6TH AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) UNION BEACH		Square Feet 1000	# of Floors 1
County (6) MONMOUTH		Bldg. Age 50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT (SANDY)	
Name of Monitoring Firm Hired by Building Owner (8) BRICK INDUSTRIES INC.		Name of Abatement Contractor (9) BRICK INDUSTRIES INC.	
Street Address 105 NATICK TR.		Street Address 105 NATICK TR.	
City, State, Zip Code BRICK NJ 08724		City, State, Zip Code BRICK NJ 08724	
Project Manager for Monitoring Firm 732 899-4499		Telephone No. 732 899-4499	License No. 01196
Start Date (10) 8-15-14		Scheduled Completion Date (11) 8-16-14	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING			<input checked="" type="checkbox"/>	TRANSITE	1200 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler BRICK INDUSTRIES INC	NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.
City, State BRICK NJ	Disposal Date 8-18-14	City, State PA	
Completed By ERIC PLACKIS	Title Pres.	Signature <i>[Signature]</i>	Date 8-14-14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

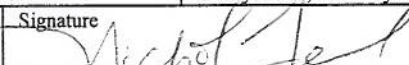
Date of Notification (1) 8-14-14		Name of Building Owner/Operator (2) LORRAINE LATZKE					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 226 34TH ST. SOUTH					
		City, State, Zip Code BRIGANTINE					
		Name of Contact ERIC PLACKIS	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 226 34TH STREET SOUTH		Square Feet 1000	# of Floors 1				
City (5) BRIGANTINE		Bldg. Age 50					
County (6) DELAWARE	County Code (7) (STATE USE ONLY) ATLANTIC	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) BRICK INDUSTRIES INC.					
Street Address		Street Address 145 NATICK TR.					
City, State, Zip Code		City, State, Zip Code BRICK. NJ. 08724					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-899-7499	License No. 01196				
Start Date (10) 8-25-14	Scheduled Completion Date (11) 8-30-14	Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
UTILITY ROOM		VINYL SHEETING/MASTIC	64 SF				
ROOF		ASPHALT SHINGLE ROOFING	750 SF				
FURNACE VENT/FLASHING ON ROOF		ROOFING MASTIC	11 SF				
SIDING		TRANSITE	1100 SF				
Name of Registered Waste Hauler BRICK INDUSTRIES INC	NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S				
City, State BRICK. N.J.	Disposal Date 9-5-14	City, State PA					
Completed By ERIC PLACKIS	Title PRES.	Signature <i>[Signature]</i>	Date 9-14-14				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 14, 2014		Name of Building Owner/Operator (2) Castle Contracting, Inc.	
Agencies Notified	Type of Notification	Street Address Castle Contracting, Inc.	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Glen Ridge, NJ 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact Dan	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 413 Ludlow Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Spring Lake			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) Monmouth		
County Code (7) (STATE USE ONLY)		Square feet 1500 sf	# of Floors 2	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			ASCM No.		
Street Address 1889 Rte. 9, Unit 61			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code Toms River, NJ 08755			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Nicholas Fernicola			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number 732-349-9932		Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 8/14/14		Scheduled Completion Date (11) 8/15/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
			Scope of Work (Check all that apply)		
			<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition		
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	185 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 8/18/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 8/14/2014		

*Do not use this form for asbestos licensure exempted activities.

NO CK

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

RECEIVED

Date of Notification (1) 4/11/14		Name of Building Owner / Operator (2) Trenton Board of Education		2014 AUG 18 AM 7:22	
Agencies Notified	Type Notification	Street Address 1490 Prospect Street		ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#4-8/13/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Trenton, NJ 08638			
		Name of Contact Mr. Everett O. Collins		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Grace Dunn MS			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 401 Dayton Street			Square Feet # of Floors Bldg. Age		
City (5) Trenton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Steven Faïress		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) Back on site - 8/11/14	Scheduled Completion Date (11) 8/14/14		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes No N/A			Removal	Repair
B-24, B-30, B-40, B-44	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Nailcrete	2355 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 10 Cu yds.	Name of Registered Landfill Grows Landfill	
City, State Bristol, PA		Disposal Date	City, State Morrisville, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>	Date 8/13/14	

GI 14068

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 4/11/14		Name of Building Owner / Operator (2) Trenton Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#3-8/11/14 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street City, State & Zip Code Trenton, NJ 08638 Name of Contact Mr. Everett O. Collins							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grace Dunn MS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 401 Dayton Street		Square Feet	# of Floors						
City (5) Trenton	County (6) Mercer	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Steven Faires		City, State & Zip Code Bristol, PA 19007							
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509						
Scheduled Start Date (10) Back on site - 8/11/14	Scheduled Completion Date (11) 8/13/14	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
B-24, B-30, B-40, B-44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nailcrete	2355 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 10 Cu yds.	Name of Registered Landfill Grows Landfill					
City, State Bristol, PA		Disposal Date		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni/jl</i>			Date 8/11/14			

NO CK

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

PROJECT COMPLETE

Date of Notification (1) 7/23/14		Name of Building Owner / Operator (2) Old Bridge Township Board of Education		2014 AUG 18 AM 7:16	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Virgil Grissom Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1 Sims Avenue			Square Feet 50000		# of Floors 1
City (5) Old Bridge		County (6) Middlesex	County Code (7)		Bldg. Age 40+
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			ASCM No.		
Street Address 120 North Warren Street			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Trenton, NJ 08010			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Jim Frisbee			Telephone Number 609-392-4200		License Number 00509
Scheduled Start Date (10) 8/11/14		Scheduled Completion Date (11) 8/13/14		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00 AM - 3:00 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib Packing	10 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Service Transport Inc.			NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE			Disposal Date 8/14/14	City, State Waynesburg, Ohio	
Completed By (Print or Type) Gino Pizzigoni			Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>	Date 7/23/14

GI 14142

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Q# 2669

Date of Notification (1) 7/23/14		Name of Building Owner / Operator (2) Old Bridge Township Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 293 <input checked="" type="checkbox"/> DOH 286 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Virgil Grissom Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Sims Avenue		Square Feet 50000	# of Floors 1						
City (5) Old Bridge	County (6) Middlesex	Bldg. Age 40+							
Current Use (Prior if being demolished) School									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Jim Frisbee		City, State & Zip Code Bristol, PA 19007							
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509						
Scheduled Start Date (10) 8/11/14	Scheduled Completion Date (11) 8/14/14	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00 AM - 3:00 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib Packing	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 8/14/14		City, State Waynesburg, Ohio					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni /jl</i>				Date 7/23/14		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CH#
1640
RECEIVED

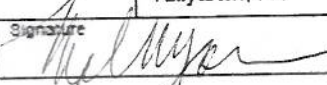
Date of Notification (1) 8/10/2014		Name of Building Owner / Operator (2) Denglar Demolition		2014 AUG 18 AM 7:24	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 228 Highway 130 City, State & Zip Code Bordentown, NJ Name of Contact Paul Dengler	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Firehouse			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2nd and Honberger			Square Feet 2000		
City (5) Roebling			# of Floors 1		Bldg. Age 50
County (6) Burlington			County Code (7)		
			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) Alpha Environmental Services		
Street Address			Street Address 2129 Route 33		
City, State & Zip Code			City, State & Zip Code Hamilton, NJ 08610		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956		License Number 01222
Scheduled Start Date (10) 8/20/2014		Scheduled Completion Date (11) 8/31/2014		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
		Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
Exterior Storage Storage kirchen				Amount (Specify SF or LF) 2600sf 600sf 700sf 120sf	
				Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330		Cubic Yards of Waste 4	
City, State Trenton, NJ		Disposal Date various		Name of Registered Landfill Grows Landfill	
Completed By (Print or Type) Rod Richardson		Title Project		Signature <i>Rod Richardson</i>	
				Date 8/10/2014	

CK 22819

RECEIVED

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:129)

2014 AUG 18 AM 7:24

Date of Notification (1) 05/14/2014		Name of Building Owner/Operator (2) Ramapo Indian Hills Reg. Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 131 Yawpo Avenue		City, State, Zip Code Oakland, NJ 07436							
Name of Contact Frank Ceurvels, BA, BS		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ramapo High School 200 Wing Phase II		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 331 George Street		Square Feet	# of Floors						
City (5) Franklin Lakes		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Not Applicable NON SUB 8		ASCM No.	Name of Abatement Contractor (9) Panoramic Window & Door Systems Inc.						
Street Address		Street Address 125 Fleming Street							
City, State, Zip Code		City, State, Zip Code Piscataway, NJ 08854							
Project Manager for Monitoring Firm		Telephone No. 732-926-0900	License No. 01237						
Start Date (10) 05/18/2014	Scheduled Completion Date (11) 08/22/2014	Name of OSHA Monitor Mark Jovic Consulting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 87 Main Street							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≤ 3 sf or ≤ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
200 Wing Windows in			X	Asbestos Containing Caulk/Glaze	800LF	X			
Rooms 217B, 217, 215, 213									
Name of Registered Waste Hauler Waste Management of Pennsylvania		NJDEF Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F					
City, State Tullytown, PA		Disposal Date		City, State Tullytown, PA					
Completed by Mark M Jovic		Title Consultant	Signature 	Date 08/12/2014					

Check # 9034

RECEIVED

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 2014 AUG 18 AM 7:00 8-15-14		Name of Building Owner/Operator (2) Charles Prood							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Delevan Street							
		City, State, Zip Code Lambertville NJ 08530							
		Name of Contact Charles Prood Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 30 Delevan Street		Square Feet	# of Floors 2 Bldg. Age 100+						
City (5) Lambertville NJ 08530		Current Use (Prior if being demolished)							
County (6)	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 8-25-14	Scheduled Completion Date (11) 8-25-14	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>			Pipe Insulation	100 LF.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 8-26-14	City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker				Date 8-15-14		

2014 AUG 18 AM 7:28

CK 8529

APPROVED
NJ Dept. of Health & Senior Services


Date: 8/14/14 Time: 11:47 AM

Date of Application (1) 8/12/14		Name of Building Owner/Operator (2) ELLEN KREPS	
Type of Modification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including inspection) <input type="checkbox"/> Cancellation		Street Address 24 TONAWANDA RD. City, State, Zip Code GLEN ROCK, N.J. 07452	
Name of Facility (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Square Feet 1,250		# of Floors 2	
Building Age +50		Current Use (Year if being demonstrated) RESIDENCE	
County (5) BERGEN		Country Code (6) ASCM No.	
Name of Monitoring Firm (7) A. MAC Contracting Inc.		Name of Abatement Contractor (8) A. MAC Contracting Inc.	
Street Address 105 Laurel Road		City, State, Zip Code Glen Rock, NJ 07452	
Telephone No. 201-262-6841		License No. 00166	
Start Date (10) 8/13/14		Scheduled Completion Date (11) 8/31/14	
Name of OSHA Monitor Ganga Environmental Services Inc.		Street Address 280 Hager Street City, State, Zip Code Hackensack, NJ 07601	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Family Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Family Hours <input type="checkbox"/> Other - Describe		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Encapsulation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Semi-Enclosure <input type="checkbox"/> Cleaning Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fabric Procedure	
Location of Asbestos Containing Material (ACM) TOBE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Construction Staff? (12)	
Description of Asbestos Containing Material (ACM) (i.e. thermal/acoustic insulation, surfacing, VBI, or other miscellaneous)		Amount (Specify SF or LF)	
1 ST FLOOR		Plaster 330 SF	
2ND FL & STAIR		Plaster 100 SF	
BASEMENT		VAT 320 SF	
Name of Registered Waste Hauler		Office Visits of Waste 3	
NAEP Waste Hauler ID No. 20785		Name of Registered Landfill EST PA Refillium Landfill Corp.	
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Refillium, PA 15087	
Disposal Date 8/13/14		Signature J. Vortaro	
Date 8/12/14		Time 11:47 AM	

* Do not use this form for asbestos removal exempt activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 13119

Date of Notification (1) 8/14/14		Name of Building Owner/Operator (2) Northeastern		2014 AUG 18 AM 7:29					
Agencies Notified	Type Notification	Street Address 1533 Long Meadow Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mountainside, NJ 07092 Name of Contact Frank Pumbo							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 1533 Long Meadow Road			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Mountainside			Square Feet 2600	# of Floors 2	Bldg. Age 60				
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500	License No. 703					
Start Date (10) 8/25/14	Scheduled Completion Date (11) 9/12/14		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: exterior work			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior			x	duct insulation	35 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill TBD					
City, State Freehold NJ		Disposal Date TBD		City, State					
Completed by A. Scott Higgins		Title Owner/President	Signature 		Date 8/14/14				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 8-12-14		Name of Building Owner/Operator (2) Exxon Mobil Environmental Services, Inc.							
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 52 BEACHAM STREET City, State, Zip Code Everett, MA 02149 Name of Contact Mike Geci Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bayonne Lubrication Mfg. Plant		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Avenue J		Square Feet 2,250	# of Floors N/A						
City (5) Bayonne		Bldg. Age							
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Storage Tank						
Name of Monitoring Firm Hired by Building Owner (8) Asset Inspection Technologies		ASCM No.	Name of Abatement Contractor (9) Terra Contracting Services, LLC						
Street Address 123 N. Tea Rd PO Box 3015		Street Address 5787 Stadium Drive							
City, State, Zip Code South Hampton NY 11969		City, State, Zip Code Kalamazoo MI 49007							
Project Manager for Monitoring Firm Peter Ellams		Telephone No. 917-450-9217	Telephone No. 269-375-9595						
License No.		01208							
Start Date (10) 9-2-14		Scheduled Completion Date (11) 9-26-14							
Name of OSHA Monitor Analytical Testing + Consulting Services		Street Address 14625 Doster Rd.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Plainville, MICHIGAN 48180							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
TANK # 99	X			TANK Coating	2,250 SF	X			
Name of Registered Waste Hauler HAZMAT Environmental Group		NJDEP Waste Hauler ID No. 1065	Cubic Yards of Waste 30	Name of Registered Landfill High Acres Landfill					
City, State Buffalo, NY		Disposal Date 9/30/14		City, State Fairport, NY					
Completed by Gregory Moe		Title Director of Abatement		Signature Gregory Moe		Date 8-12-14			

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Resource Management

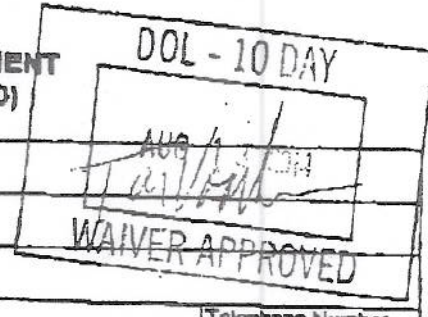
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2014 AUG 18 AM 7:30

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 08-12-2014		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended (2 nd) <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 2201 Chapel Hill Campus		City, State & Zip Code Cherry Hill, NJ 08002	
Name of Contact Ms. Sharon Peters		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2201 Chapel Hill Campus			Square Feet 250,000		
City (5) Cherry Hill, NJ 08002			# of Floors 2		
County (6) Camden			Bldg. Age 52		
County Code (7)			Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.			Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Ste 202		
City, State & Zip Code Bensalem, Pa. 19020			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Mike Panepresso			Telephone Number 609-377-8158		
Telephone Number 215-244-1300			License Number 01185		
Scheduled Start Date (10) 08-14-2014			Scheduled Completion Date (11) 08-28-2014		
Name of OSHA Monitor J&S Environmental Laboratories Inc			Street Address 2333 Route 22 West		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours: Describe: 8:30pm-12:30am <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Frangible Procedure

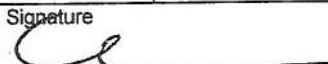
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	NA			Removal	Repair	Encapsulate	Enclose
3rd Floor		<input checked="" type="checkbox"/>		ACM Coating on beam	18 LF	<input checked="" type="checkbox"/>			
3rd Floor		<input checked="" type="checkbox"/>		ACM Coating on beam	16 LF	<input checked="" type="checkbox"/>			
3rd Floor		<input checked="" type="checkbox"/>		ACM Coating on beam	18 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 003521B	Cubic Yards of Waste TBD	Name of Registered Landfill Growe Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature <i>Brian Haney</i>	Date 08/13/2014

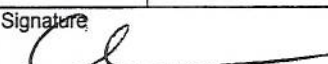
Emergency

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4280

Date of Notification (1) 8/13/14		Name of Building Owner/Operator (2) Barbara Brown Private Home							
Agencies Notified	Type Notification	Street Address 205 N Lancaster Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Margate NJ 08402							
		Name of Contact Randy	Telephone Number INC.						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Barbara Brown Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 205 N Lancaster Ave		Square Feet 1000+	# of Floors 2						
City (5) Margate NJ 08402		Bldg. Age 35+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/14/14	Scheduled Completion Date (11) 8/15/14	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen area			x	Pipe Insulation	24LF	x			
2nd floor bedroom				pipe insulation	8 LF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/15/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/13/14		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/14/14		Name of Building Owner/Operator (2) Township Of Pemberton	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Pemberton - Browns Mills Rd	
		City, State, Zip Code Pemberton NJ 08068	
		Name of Contact Phil Sager	
		Telephone Number 856-753-9800	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Fire Damage Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 316 Seminole Trail			
City (5) Pemberton NJ 08068		Square Feet 1000+	# of Floors 1
		Bldg. Age 35+	
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	
Current Use (Prior if being demolished) House			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	
Street Address N/A		Name of Abatement Contractor (9) Pernaco Inc.	
City, State, Zip Code N/A		Street Address PO Box 329	
City, State, Zip Code N/A		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm N/A		Telephone No. 856-753-9800	
License No. 00727			
Start Date (10) 8/27/14		Scheduled Completion Date (11) 9/1/14	
Name of OSHA Monitor Same			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
	Yes	No	N/A
Exterior Siding			x
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3
City, State Elm NJ		Name of Registered Landfill G.R.O.W.S	
Disposal Date 9/1/14		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 
		Date 8/14/14	

2014 AUG 18 AM 7:34

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Via U.S. Mail
 CN# 1093

Date of Notification (1) 8/14/14		Name of Building Owner/Operator (2) MR MICHAEL MAHONEY LLC				
Agency Notified (3) <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 2698	City, State, Zip Code WESTFIELD N.J. 07091-2698			
		Name of Contact MR M. MAHONEY	Telephone Number			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 517 Cumberland ST		Square Feet 3000	# of Floors 2			
City (5) WESTFIELD N.J.		Bldg. Age 80				
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) NOVATECH INC				
Street Address		Street Address P.O. Box 814				
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-238-7500	License No. 00806			
Start Date (10) 08/25/14	Scheduled Completion Date (11) 09/25/14	Name of OSHA Monitor NOVATECH INC				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814				
		City, State, Zip Code OLD BRIDGE N.J. 08857				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted () and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
12th floor		989 Floor Tile X KITCHEN + LAUNDRY	130 SF	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.		
City, State OLD BRIDGE N.J. 08857		Disposal Date 09/26/14	City, State Pittsford PA			
Completed by CARLOS AMERIN		Title PRESIDENT	Signature (Signature)		Date 8/14/14	